

PRIVACY RELEASE FORM

Please complete this form and return to the following address:

**Representative Trey Hollingsworth
Attention Shelly Watkins
321 Quartermaster Court
Jeffersonville, IN 47130**

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Phone Number: _____

Email Address _____

Would you like to receive Representative Hollingsworth's email newsletters? ____Yes ____No

How did you hear about the services your congressional office has to offer? _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number: _____

Date of filing: _____

Place of filing: _____

Form type(s) – check all that apply:

☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360

☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690

☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)

☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: _____

Have you contacted any other elected officials about this problem? If yes, who?

Have you had and response on this issue? If so, please list:

Over

Brief description of the issue (if you need more space, attach a separate sheet):

Constituent Authorization:

I have sought assistance from Representative Trey Hollingsworth on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize Representative Trey Hollingsworth, or any member of his staff to work on my behalf with any federal agency involved in this case. Agencies may release any relevant information contained in my file/records, forward pertinent correspondence sent to me, or discuss issues relevant to my case, all of which may be used by Representative's office until the matter is resolved. I also affirm that the above information is accurate. This must be signed by involved constituent or legally appointed representative.

Signature: _____

Date: ____/____/____

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, **(print your name)** _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to **Senator/Representative** _____ and the Member's staff.

Signature (sign in ink): _____ **Date:** _____

Staff Member: Shelly Watkins
Phone: (812)-924-4873
Email: Shelly.Watkins2@mail.house.gov